South Dakota Public Health Laboratory
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http://doh.sd.gov/Lab

Lab Use Only

Influenza Sample Submission Form

Form used for sample submission for influenza testing only.
Do Not Use this form for sample submission for other testing.

IMPORTANT: ALL FIELDS ARE REQUIRED INFORMATION. Write NA if Not Applicable.

Submitting Facility _____

Address _____

City _____

Phone _____

Physician/Clinician Name_____

Physician ID # | | | | | | | |

Specimen Data:

Date Specimen Collected:	**Specimen Source:** ☐NP Aspirate ☐NP Swab ☐ Nasal Washing ☐ Nasal Swab

Patient Information:

Patient Name: (Last)	(First)	(MI)

Date of Birth	Race/Ethnicity	Sex	Medicaid/Medicare Number
Patient's Address	**City**	**State**	**Zip Code**

Principle Symptoms:

	Yes	No
Fever	☐	☐
Cough	☐	☐
Sore Throat	☐	☐

☐ Other _____

Critical Information:

	Yes	No
Hospitalized	☐	☐
Pregnancy	☐	☐
Health Care Worker	☐	☐
High Risk Medical Condition	☐	☐ _____ List Condition

☐ Other _____

Date of Onset:

Rapid Test Performed: ☐ Yes ☐ No

Rapid Test Results:
- ☐ A Positive
- ☐ B Positive
- ☐ Negative

Rapid Test Kit Used:
- ☐ BinaxNOW Influenza A&B
- ☐ Quidel QuickVue Flu A+B
- ☐ Meridian TRU FLU
- ☐ Remel Xpect Flu A&B
- ☐ Other _____

Recent Travel History:

Exposure History: